

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Toshio NAKAKUKI

Serial No: 10/823,898

Confirmation No.: 5673

Filed: April 14, 2004

For: IMAGE PROCESSING DEVICE, IMAGE  
PROCESSING METHOD, AND IMAGE PROCESSING  
PROGRAM PRODUCT FOR MAKING  
DETERMINATION BASED ON SPECTRUM

Art Unit: 2609

Examiner: Rice, Elisa M.

I hereby certify that this correspondence is  
being transmitted via electronic filing on the  
date indicated below to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

July 23, 2007

Rebecca Maiden

Name

Signature

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	6	-20	20**	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	2	-3	3***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$-0-\_\_ to cover the additional claims fee is enclosed.
- ☐ A check in the amount of \$-0-\_\_ to cover the extension fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

John P. Scherlach  
Registration No. 23,009  
Attorney for Applicant(s)

Date: July 23, 2007

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Appl. No. 10/823,898  
Amdt. Dated July 23, 2007  
Reply to Office Action of April 10, 2007

Attorney Docket No. 81784.0306  
Customer No.: 26021

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Rebecca Maiden

Name  
*Rebecca Maiden* 07/23/07  
Signature Date

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of April 10, 2007, the period for response to which is being extended by one month by the accompanying petition, please amend the above-identified application as follows:

**Amendments** to the specification begin on page 2 of this paper.

**Amendments** to the claims are reflected in the Listing of Claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.